



HEALTH & SAFETY POLICY BRIEF

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California's Immigrant Workers Speak Up About Health and Safety in the Workplace

Are Health & Safety Conditions Improving for All of California Workers?

Annual workplace injury, illness and fatality rates are reportedly at an all time low and have been dropping for the past couple of years. Some say this proves that health and safety conditions are improving for workers. At the same time, the annual Bureau of Labor Statistics' report on workplace fatalities in 2001 found that "The rate of on-the-job deaths for all Hispanics has been 20 percent higher than for whites or blacks" (1). Such fatality rates are generally accurate – it is hard to hide a death. However, the injury and illness rates reported by employers are not as reliable. This is particularly true in the case of recent immigrant workers who work in low-skilled, low-paid jobs, including those who do not have legal work authorization and, therefore, have particularly strong disincentives to report injuries and illnesses.

What is the Experience for Immigrant Workers?

The extent of the problem for immigrant workers is unknown and little is being done to get a true picture of their "lived reality." Hence, this study. Between January and October 2001, the UCLA Labor Occupational Safety and Health (LOSH) Program conducted in-depth, ethnographic interviews with seventy-five workers, ninety percent of whom were non-US natives. Findings from this study have just been released in a report entitled: "Voices From the Margins: Immigrant Workers' Perceptions of Health and Safety in the Workplace." For this study we chose six industries in Los Angeles County which employ primarily immigrant workers: day labor, domestic, garment, homecare, hotel and restaurant work. Twelve to fourteen workers from each of these industries were interviewed away from their workplaces for thirty minutes to two hours. They were asked a set of open-ended questions about their work, which focused on their experiences and perceptions of health and safety conditions and experiences.

Findings

Most – 90 percent – were afraid they would get injured on the job. They worried about the possibility of immediate symptoms, injuries and illnesses, as well as long term effects from exposures to chemicals and poor ergonomic conditions. The majority (57 percent) said they had experienced work-related injuries or illnesses. Of these, 63 percent had reported these injuries and illnesses to their supervisors. Those who did not report gave a variety of reasons for not doing so, not the least of which was concern that their employer would retaliate because of their immigration status and/or lack of work authorization. Also, it is unknown how many of the injuries/illnesses reported to supervisors were actually reported by the employer to governmental agencies charged with keeping such statistics.

Employers often dismissed workers' injuries as being inconsequential and did not assist them when they were hurt. In each of the industries studied, the workers were very resourceful in creating ways to protect themselves from risks, such as bringing in their own "masks" to protect them from dusts and purchasing gloves when they had to work with potentially harmful cleaning liquids. Most of these workers did not know it was the employers legal obligation to provide these items.

When asked where they went for assistance or advice on health and safety issues, most responded that they consulted with co-workers and immigrant worker advocacy groups or labor unions. They seldom turned to employers for such assistance. Workers in each of the industries turned to the worker centers or unions for information on how to work more safely, personal protective equipment, or legal assistance when injured. They trusted these organizations and felt comfortable going to them because their staff spoke the workers' language and they felt secure that these organizations would not turn them into the Immigration and Naturalization Service ("la migra") if they did not have legal immigration or working papers.

“Of course [I worry about getting hurt]! If I get hurt, what will become of me? Who will take care of me without my family? I would have to go to Mexico because there I know they would take care of me. You're always worried about that... You just go, because you don't have a choice... [My co-workers], all of them, it's the same worry. It's impossible not to think like that...”

– Day laborer Francisco, 45 years old, who has worked ten years in this industry

They were unfamiliar with governmental agencies which could assist them; only seven of the seventy-five had heard of Cal-OSHA but none of these had contacted this agency for assistance. The garment and restaurant workers were more familiar with what the Labor Commissioner could do for them regarding wage and hour law enforcement, primarily because immigrant worker advocacy centers had made them aware of this agency. Some of the workers did not contact governmental agencies because of their immigration status and also because of experiences in some of their home countries which led them to perceive government as "unfriendly" to workers.

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Many wanted information and training about their workplace rights – including health and safety rights. Those who were without work authorization thought that workplace laws did not apply to them. They wanted to know more about how to do their jobs well and safely. Virtually everyone wanted health insurance. Only those who worked in unionized hotels and domestic workers who were members of a cooperative had access to such insurance. Many did not know where to go for treatment if they got sick. They also wanted the public to know what they did every day for a living, the working conditions they faced, and how they contributed to the economy.

“I have heard there are laws in California....But if there were really laws they would be checking, wouldn't they? they would go to see the workers to check if they are treated well...But there isn't. I worked seven years in a restaurant, and I never saw...I think that since they don't check on the employer, he feels in a higher status. He takes advantage of the situation...The law is not being enforced.”

– Restaurant worker Jen, 32 years old, who has worked for eleven years in this industry

This study sample was not large enough to allow us to make any irrefutable generalizations about immigrant workers' experiences in these industries. Nor was it a random sample; most of those interviewed were recruited through worker centers or labor unions. Nevertheless, we think the demographics of our sample are an approximate reflection of the true demographic breakdown in these industries. (See Figure 1. for a summary of the sample demographics.) Moreover, we think this study is a good start in obtaining information from these “invisible” or “hard to reach” workers and that the methodology we employed, using an ethnographic interview approach, yielded much rich information.

Policy Recommendations

Based on our interviews and what is already known about these industries from other studies, we think there is sufficient evidence now to make some recommendations on next steps to take to address health and safety needs of working immigrants in California today. Action is all the more urgent given that these growing industries already employ a large number of workers in California.

Governmental Role

First, it is critical that we improve the ability of Cal-OSHA and other governmental agencies to protect the safety and health of immigrant workers. However, this is a long term goal. There are compelling reasons why we should focus elsewhere for immediate action.

Over the past two decades we have experienced a “reality check” on what governmental agencies will or can do for California's workers. Last year a report on labor enforcement found that “by several measures – funding, staffing ratios and number of inspections – enforcement of laws covering wages, hours, health and safety was lower in 2000 than at the turn of each of the last three decades” (2). According to the report, the number of health and safety inspections performed by Cal-OSHA declined by over 47 percent between 1980 and 1999 (3). A month after the study was released, the California governor cut \$3 billion from the budget for labor law enforcement (4).

As of July 2002, Cal-OSHA had authorized 227.5 inspector positions. However, only 212 of these were filled; and only 31 of these inspectors were certified as Spanish-bilingual (5). In order to bring Cal-OSHA's inspection rate capacity to that of the average of the 20 other states that have their own state OSHA programs, the agency will need to hire an additional 178 inspectors. This is unlikely to happen in the short term. In fact, Cal-OSHA is expected to lose inspector positions in the 2002-2003 budget.

Nevertheless, it is necessary to strengthen State of California agencies that are responsible for health and safety conditions of immigrant workers. Needed improvements include: creation of a database accessible to the public that includes citations levied against employers because of health and safety standards violations; improving the multi-lingual capacity of workplace inspectors in these agencies; focusing more enforcement activities on high-risk immigrant workplaces; and creation of an Office of Immigrant Workers within the newly formed Labor and Workforce Development Agency. For more recommendations regarding what government should do see another report released this fall (6).

It should be noted that the Acting Secretary of this newly formed Labor Agency, Steven J. Smith, recently declared at a Working Immigrant Safety and Health conference in Oakland, “Don't ever rely on the state agencies to get the job done” (7). He went on to say the Agency would never have enough funding to accomplish its mandate of protecting California's workers. He emphasized the need for worker advocacy groups to be proactive in order to ensure that his agency responds to the needs of working immigrants.

Community-based Organizations, Community Clinics & Immigrant Worker Advocacy Groups

Recommendation #1:

Establish a multi-year capacity building grants program for community-based organizations, clinics, and worker advocacy groups that work with, or provide services to, immigrants. This will allow them to provide training and educational materials for immigrant workers and also serve as an extension of governmental workplace health and safety agencies by reporting possible labor law violations and injury/illness cases.

There is a strong need currently for community-based organizations, community clinics and worker advocacy groups – such as worker centers and labor unions – which work with immigrant workers to receive greater recognition and resources to continue and expand their assistance to immigrant workers. The workers we interviewed repeatedly expressed trust in and appreciation for the resources, assistance, and leadership opportunities they accessed through either worker centers (day laborers, domestic workers, garment workers, and restaurant workers) or labor unions (homecare and hotel workers).

These immigrant worker advocacy groups could have a much greater impact than they do currently. They could reach more workers with more information and assistance if they were better funded and if they, themselves, received training and information about workplace health and safety hazards and related legal rights. In addition to providing health and safety training and educational materials to workers, these

FIGURE 1. SAMPLE DEMOGRAPHICS

INDUSTRY	# OF WORKERS	AGE RANGE	GENDER	NON-US NATIVE	RANGE OF TIME IN INDUSTRY	EXPERIENCED INJURY/ILLNESS	REPORTED I/I TO SUPERVISOR
Day laborers	12	22-57	12m, 0f	11	<1 mo. - 10 yrs	8	6
Domestic	12	22-65	0m, 12f	10	<2 mo. - 21 yrs.	5	2
Garment	12	21-49	5m, 7f	12	1 yr., 2 mo. - 25 yrs.	7	5
Homecare	13	38-68	1m, 12f	10	2 - 23 yrs.	4	1
Hotel	12	22-58	4m, 8f	11	11 mo. - 38 yrs.	9	8
Restaurant	14	19-50	10m, 4f	14	6 mo. - 9 yrs.	10	5

groups also can serve as worker advocates vis-a-vis the legal system, employers, and enforcement agencies. They also could funnel information to enforcement agencies, such as in the case with industry “sweeps” inspections noted previously. As a third party, they could report on hazardous conditions and injuries, thus prompting possible workplace inspections or developing a “shadow” injury/illness reporting system that could be compared with mandated employers’ reports.

“...recently we [were laid off]. They gave us a paper to sign...that we didn’t have an accident...but since we don’t know English, I think they only say what’s in their interest and leave to us to interpret. Many signed it, the majority...people that really did have injuries! they don’t speak English, and they’re not sure how it works.”

– Hotel worker Carlota, 32 years old with thirteen years in this industry

Clearinghouse/Resource Center

Recommendation #2:
Establish a California Clearinghouse/Resource Center for immigrant worker health and safety education and information.

There is also a need for a California Immigrant Worker Health and Safety Clearinghouse/Resource Center which could provide education and information on workplace health and safety for these community-based organizations, clinics and worker advocacy groups that work with immigrants. This Clearinghouse/Resource Center should also create a public information campaign on immigrant worker health and safety rights for workers and the general public.

Public Hearings

Recommendation #3:
Hold public hearings around the state where immigrant workers and their advocates report on workers’ health and safety experiences. This will help raise public awareness on these issues and help make employers and governmental agencies more accountable.

In order to raise the public’s, elected officials’ and governmental agencies’ awareness about the health and safety issues faced by working immigrants, state-wide public hearings should be held, where workers and their advocacy organizations could chronicle their experiences and say what they think is needed to alleviate the problems.

More Research Needed

Recommendation #4:
Carry out more research, including ethnographic research like this study, of immigrant workers’ health and safety experience in the workplace.

More research is needed on the issue of health and safety conditions and the needs of immigrant workers. We recommend that there be a more detailed study of other specializations within the industries examined in this study, such as the cutters in the garment industry, the cooks in restaurants, and those day laborers who do roofing. There is also a need to study other industries where immigrants dominate, including, but not limited to: janitorial work, food processing/manufacturing, car washing, nursing homes, security services, and dry cleaning establishments.

Summary

There is mounting evidence that immigrant workers are experiencing injuries, illnesses, and fatalities at a greater rate than other U.S. workers. This ethnographic study is additional evidence that governmental injury and illness statistics do not reflect the “lived reality” of these workers. California has more of these low-wage immigrant workers than any other state. The seven Southern California counties alone account for sixty-one percent of the state’s workers, and are also home to most of the immigrant workers in the state.

This problem needs to be addressed directly and promptly before it worsens. With the current state budget crisis and weakening economy, it is unrealistic to think that the newly formed Labor and Workforce Development Agency and its Division of Occupational Safety and Health (Cal-OSHA) will be able to address this problem adequately in the short term. Nevertheless, other steps can, and should, be taken now by this new Labor Agency, the legislature, and immigrant worker advocacy groups to assist these workers. For example, Workforce Investment Act discretionary funds controlled by the governor and private funding sources could support some or all of the recommendations proposed herein.

These are the same workers Californians depend upon every day to provide the services and products we take for granted. Now is the time to address the workplace conditions these workers face.

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To obtain a copy of this entire report "Voices From the Margins: Immigrant Workers' Perceptions of Health and Safety in the Workplace," contact the UCLA-LOSH Program at 310/794-5964 or write to: John Mathews, UCLA-LOSH Program, Hershey Hall, Box 951478, Los Angeles, California 90095-1478. Or you can download the report at our website: <http://www.losh.ucla.edu>

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